PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Effective on 12/08/2004.				Complete if Known			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			1 /	Application Nu	mber	10/550,022	Conf. No.: 3847
FEE TRANSMITTAL			4L 🛚	Filing Date		September 23, 2	005
For FY 2009				First Named Inventor H		lyun-Kyo KIM	
				Examiner Name C. S		C. Schatz	
Applicant claims small entity status. See 37 CFR 1.27			27	Art Unit		1791	
TOTAL AMOUNT OF PAY	MENT (3) 1,030.0	7	Attomey Docke	et No.	2743-0174PUS1	
METHOD OF PAYMENT	Γ (check a	il that apply)					
Check Credit C	Card	Money Order	None	Other (please ide	ntify):	
✓ Deposit Account D	eposit Accou	nt Number: 02-2448	3	Deposit A	ccount Na	me:	
For the above-identif				y authorized to	o: (check	all that apply)	
✓ Charge fee(s)	indicated t	elow		Char	ne fee(c)	indicated below	except for the filing fee
Charge any a	dditional fe	e(s) or underpaym	ents of fee(s	. =			
under 37 CFR	1.16 and	1.17		. Golda	•	erpayments	
ARNING: Information on this formation and authorization	form may b on PTO-203	ecome public. Cred 8.	llt card Infor	nation should r	not be Inc	uded on this form	. Provide credit card
FEE CALCULATION			_				
. BASIC FILING, SEAR	CH. AND	FXAMINATION	FFFS				
	FILING	FEES	SEARC		EXAM	INATION FEE	
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee	(\$) Small Entity	Fees Paid (\$)
Utility	330	165	540	270	220		1 000 1 010 (0)
Design	220	110	100	50	140		
Plant	220	110	330	165	170		Market Comments
Reissue	330	165	540	270	650	05	
Provisional	220	110	0	270	030		-
. EXCESS CLAIM FEE		110	U	U		0	Small Entity
Fee Description	3					Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						52	26
Each independent claim over 3 (including Reissues)						220	110
Multiple dependent claims						390	195
Total Claims							Dependent Claims
HP = highest number of total		xx				Fee (\$)	Fee Paid (\$)
	Extra Clai		Fee Pa	nid (\$)			_
3 or HP =		x	=0.0	10			
HP = highest number of indep		s paid for, if greater t	han 3.				
APPLICATION SIZE F If the specification and		exceed 100 shee	te of naner	(eveluding	electron	ically filed sec	uence or computer
							or each additional 50
sheets or fraction the		35 U.S.C. 41(a)(1)(G) and	1 37 CFR 1.1	6(s).	- */	
Total Sheets	Extra She	ets <u>Numb</u> /50 =	er of each a	dditional 50 c	or fractio		ee (\$) Fee Paid (\$) = 0.00
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OTHER FEE(S) Non-English Specific	ation, \$	130 fee (no smal	1 entity dis	count)			
OTHER FEE(S)							1,030.00

Signature

Registration No. 39538	Telephone 703-205-8000	
Name (Print/Type)	Journal T. Eller, Jr. Cyu., (MomeryAgent)	Date April 13, 206-8000
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